


CHRIST OUR KING CATHOLIC CHURCH
Mount Pleasant, SC
2010~2011 RCIA FORM

Candidate Name:			
Last	First	Middle	
Address:			SC
Street or PO Box	City	State	Zip
()	()	()	
Home Phone	Cell Phone	Work Phone	
Email Address:		Place of Employment:	
Date of Birth:		Place of Birth:	
Father's Full Name:			
Mother's Maiden Name:			
Have you ever been Baptized? _____ YES _____ NO			
If "YES" please give name and denomination of Church:			
Date of Baptism:			
Address of Church:			
Name of Godparents or Sponsors:			
Please provide a copy of your baptismal certificate with this form.			
Have you received any other sacraments? If "YES" please list name of sacrament, date you received and name of Church below:			
Sacrament	Date Received	Name of Church where you received sacrament	
Sacrament	Date Received	Name of Church where you received sacrament	
Are you registered in Christ Our King parish? _____ YES _____ NO			
If you have a Sponsor please know they must be Catholic and in good standing with the Catholic Church print name below.			
Name of Sponsor if applicable			
			Please complete back
			

CHRIST OUR KING CATHOLIC CHURCH
Mount Pleasant, SC
2010~2011 RCIA FORM

PERSONAL INFORMATION

<input type="checkbox"/> Never Married - Please skip down to last section of this page.	
<input type="checkbox"/> Presently Engaged for the first time - Please skip down to the engaged section of this page.	
<input type="checkbox"/> Married Only Once	<input type="checkbox"/> Presently Separated
<input type="checkbox"/> Divorced and Not Remarried	<input type="checkbox"/> Divorced and Remarried
If you, your spouse or your fiance` have been previously married please make an appointment with Sr. Donna at 971-8273 or Deacon Andre` by contacting the Parish Office at 884-5587.	
Are you presently involved in the annulment process?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If divorced and remarried, do you have an annulment?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If married, were you married in a Catholic Church?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Name and address of parish:	
Date of Marriage:	
Were you married in another Christian Church?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Name and denomination of Church:	
Date of Marriage:	
Were you married in a civil ceremony?	<input type="checkbox"/> YES <input type="checkbox"/> NO
What city and state?	
Date of Marriage:	
If married, spouses name:	
Is your spouse Catholic? <input type="checkbox"/> YES <input type="checkbox"/> NO	Has your spouse ever been baptized? <input type="checkbox"/> YES <input type="checkbox"/> NO
Name and location of Church:	
Does your spouse have a previous marriage?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If engaged, give your fiance`/ee's full name:	
Does your fiance`/ee have a previous marriage?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, has this marriage been annulled?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Which one of these statements best describes why you are interested in the RCIA program:	
_____ I want to know more about the Catholic Church.	
_____ I think I want to become a Catholic.	

Please return this form to the Parish Office or contact Sr. Donna at 971-8273 or Lola Riley 884-8311.